



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

April 14, 2004

Serial No. 09/404,102
Applicant: Drummond et al.
Filed: 09/23/1999
Title: A METHOD AND APPARATUS FOR PERFORMING IMAGE
PROCESSING OF SEISMIC DATA
Art Unit: 2142
Examiner: Harrell, Robert B.
Confirmation Number: 8041
Attorney Docket No.: CDT-3 (New) 12604.2USU1 (Old)

HONORABLE COMMISSIONER OF PATENTS
Alexandria, VA 22313-1450

**AMENDMENT
AND RESPONSE TO OFFICE ACTION**

In response to the Office Action dated October 23, 2003, please amend the above-identified application as follows:

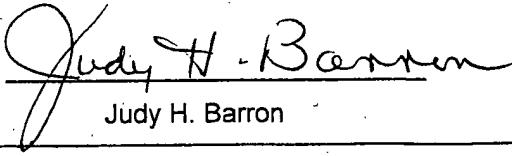
Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 14 of this paper.

Remarks/Arguments begin on page 20 of this paper.

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2

PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031

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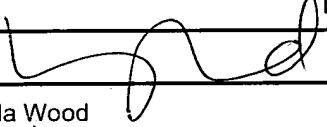
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Application Number	09/404,102
Filing Date	09/23/1999
First Named Inventor	Brian Leslie Drummond
Art Unit	2142
Examiner Name	Harrell, Robert B
Attorney Docket Number	CDT-3

ENCLOSURES (Check all that apply)

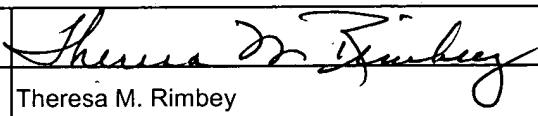
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Post Card
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<i>Copy of cover page of Amendment and Response to Office Action previously filed</i>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BROWN & MICHAELS, PC		
Signature			
Printed name	Lynda Wood		
Date	02/28/2005	Reg. No.	53,791

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